

MS Asthma School Nurse Award

School nurses are leaders in the care of children with asthma. In addition to education, counseling and disease monitoring services, school nurses help families navigate a complex medical care system. To recognize the leadership of school nurses in asthma care, the American Lung Association's Asthma Coalition of Mississippi, the Mississippi State Department of Health Asthma Program, and the School Based Asthma Management Program are recognizing schools nurses who are working to create asthma friendly schools in MS.

Eligibility: The MS School Nurse award is for school nurses working in public schools in MS.

Instructions: In order to be eligible for the MS Asthma School Nurse Award, your completed application must consist of three components:

1. Completed MS Asthma Friendly School Award Application (Application must meet minimum of Silver Level Standard)
2. Asthma School Nurse Criteria Checklist
3. Completed Narrative on the impact asthma has had on your school.

Application Deadline is: March 30, 2012. MS Asthma School Nurse Award must be submitted with the Asthma Friendly School Award application. To submit application, please fax to Eugenia King, American Lung Association at: 601-206-5813 or mail to PO Box 2178, Ridgeland, MS 39158

Applicants mailing application must have postmarked by deadline date.

Three school nurses will be awarded for their leadership in asthma care. Award winning nurses will be notified by phone and/or email and recognized at the Mississippi School Nurse Association 2012 Annual Conference during the awards banquet.

The three school nurses exemplifying outstanding service in creating asthma friendly schools and asthma care will receive a \$500 mini-grant to provide additional asthma resources for their school and a gift bag of asthma resources.

Name _____

Credentials: _____

Email Address _____

School Phone Number: _____

Number of years in present position: _____

Number of students presently serving: _____

For which schools or school districts do you provide nursing services?

School District:

Address:

School Name:

Address

School Name:

Address:

**CHECK THE
APPROPRIATE COLUMN**

NO

YES

Criteria 1: Demonstration of professional competence and expertise.

Attended the American Lung Association's Asthma Educator Course

Date and location of course attended:

Criteria 2: Demonstration of involvement with the community.

Member of the Asthma Coalition of Mississippi

Check Coalition in which you attend meetings:

NE
ACM

NW
ACM

Delta

Tombigbee

West
Central

East
Central

Coast

SE
ACM

SW
ACM

	CHECK THE APPROPRIATE COLUMN	
	NO	YES
Criteria 3: Relationship with local healthcare providers.		
Works with local providers to encourage their development of asthma action plans.		
Monitors progress by keeping track of medical office visits and performs follow-up with healthcare provider for students with multiple asthma exacerbations during school-hours.		

Criteria 4: Provides activities and education to promote lung health to students and staff.		
Asthma Awareness Month Activities: Plans Asthma Awareness programs/education projects for the entire student population and staff. <hr/> Briefly describe program/activity:		
Integrate asthma education into the existing science or health education curriculum (e.g. while teaching about respiratory health or air pollution).		

Criteria 5: Promotes parent/community involvement.		
Incorporates asthma education and other asthma management issues as a topic in parent/teacher conferences.		
Assist school in hosting an annual health promotion activity (e.g. health fair) and invite local hospitals and community-based organizations to participate.		

**Criteria 6: Briefly describe the impact asthma has had on your school(s) during the past three years and how you have addressed these issues.
(Attach typed response; Max 300 words)**

Congratulations! You have reached the end of the application. We appreciate your time and effort.

Applicant's Signature

I certify the information presented herein is accurate.

* I understand that this application does not guarantee that I will receive any funding or the Asthma School Nursing Award.

* If I am chosen to receive the award, I will use my best efforts to complete the project which I have chosen by the designated date.

School Nurse Signature

Date

Principal's Signature

Date

Asthma Friendly Schools Award Program

Disclaimer: The Asthma Coalition of Mississippi is sponsored by the American Lung Association of the Plains Gulf Region. This application was supported by a grant from the Mississippi State Department of Health Asthma Program. Its content are solely the responsibility of the authors and do not necessarily represent the official views of the American Lung Association of the Plains Gulf Region, the Mississippi State Department of Health or Mississippi State Department of Education Office of Healthy Schools.